2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9700003151

1. Entity Name

THE DONNA L. GRIFFITH FOUNDATION, INC.



FILED Mar 12, 2003 8:00 am Secretary of State

☐ Change

☐ Addition

03-12-2003 90134 010 ****61.25

			GO WE TO				
Principal Plac	ce of Business	Mailing Address	·	•			
2400 E. COMMERCIAL BLVD., STE. 517 2400 E. COMMERCIAL BLVD., ST		STE. 517		1701	L		
FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL		FT. LAUDERDALE FL 33308			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	pr.	
				! (ab)(! # alo (a)()	(48): 48 (): 48 (): 48 (): 48 (): 48 ():	(1101 11011 22101 1101 1002	
2. Principal F	Place of Business	3. Mailing Address					
				1 14 18 11 11 11 1 11 11 11 11 11 11 11 11 1	1841) 681) 681(98)(; 98)(; 88)4(88)8(. (1186 1688) M(186 3181 3885	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		□ c+	☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number CE	4. FEI Number 65-0760456 Applied For		
		· .		00	U70U430	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of State		8.75 Additional	
						e Required	
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent Name			
DDIANUEN AND IACI				Tallo			
BRINKLEY, MICHAEL			Street Add	Street Address (P.O. Box Number is Not Acceptable)			
200 E. LAS OLAS BLVD., STE. 200							
FT. LAUDERDALE FL 33301							
			City		FL	Zip Code	
8 The above	named entity submits this statement for	the number of changing its regi	istered office or re-	gistered agent or both in the		niliar with and accept	
the obliga	tions of registered agent.	and purpose of unanging its regi	istered office of re	gistered agent, or both, in the	s state of Florida. Familia	miliar with, and accept	
SIGNATURE							
	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Reg	gistered Agent signature r	equired when reinstating)	DATE		
©.							
FILE NOW: FEE IS \$61.25 9. Election Campaign Fi			gn Financing	\$5.00 May Be	Make Check I	Payable to	
	FILE 11017. FEL 10 401.20	Trust Fund Contr	Trust Fund Contribution.		Florida Departm		
· ·	055,0500 1110						
10.	OFFICERS AND DIRE		11.		TO OFFICERS AND DIRE		
TITLE	D COUNTRY DOWNA	☐ Delete	TITLE	nair man	a L. [Change Addition	
NAME STREET ADDRESS	GRIFFITH, DONNA L		STREET ADDRESS	10 Anthony 1	De Meg	517	
CITY-ST-ZIP	3509 NW 61 CIR.		CITY-ST-ZIP	100 E Commerci	M DIVY T		
	BOCA RATON FL 33496-4002		0	1P+ L	anderale F	23308	
TITLE	D ANTO ANTONIV	L Delete	TITLE	Meo, Anth	UNT . /	☐ Change 🔀 Addition	
NAME	DE MEO, ANTHONY	- 547	NAME E	Je 1 1 2 - 1 2	netrial Blod	ste 517	
STREET ADDRESS	2400 E. COMMERCIAL BLVD., STE FT. LAUDERDALE FL-33308-	i. 51 <i>1</i>	STREET ADDRESS	2400 E Comi	de PC 333	208	
	D			1 0 1 0 7	<u></u>		
TITLE NAME	BRINKLEY, W. MICHAEL	☐ Delete		1400 1 +	hand.	Change Addition	
STREET ADDRESS	200 E. LAS OLAS BLVD., STE. 180	10		De Meo, Ant	orcial Blue s	sto 517	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	,,,	CITY-ST-ZIP				
	D				de PL 3330		
TITLE NAME	YOUNG, ROBERTA N	☐ Delete	MANG L	reasurer 1. +	hong,	Change Addition	
STREET ADDRESS	■		ATRECT ADDRESS	of Meo, Ant	and Alad	ste 517	
CITY-ST-ZIP	2400 E. COMMERCIAL BLVD., STE FT. LAUDERDALE FL 33308		OUTS / OT 310		nercial Blud	3308	
	D D			Port Laudera	• • • • • • • • • • • • • • • • • • • •		
TITLE NAME	•		TITLE		L	Change	
STREET ADDRESS	MCGRATH, ROBERT E		NAME STREET ADDRESS				
CITY-ST-ZIP	2400 E. COMMERCIAL BLVD., STE		CITY-ST-ZIP				
U. LII	i e i. i mujiedumi e el 1888/10		VILL OF EIL				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attagment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS